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Socio-Cultural Factors Influencing the Acceptance of Caesarean Section Among Pregnant Women Attending Antenatal Clinic in The General Hospital

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Abstract

Purpose

The main purpose of this study is to determine socio-cultural factors influencing the acceptance of caesarean section among pregnant women attending antenatal clinic in the general hospital, Calabar. Literature related to the variables under study were reviewed accordingly.

Method

A non-experimental descriptive survey design was adopted for the study. This research design was considered most appropriate because the researchers does not have direct control over the independent variables, they are inherently not manipulatable. A sample of one hundred and twenty two respondents were randomly selected for the study. The selection was done through the simple random sampling technique. The questionnaire was the main instrument used for data collection. The reliability estimate of the instrument was established through the test re-test reliability method.

Results

Finding of the study reveals that 11(9%) of the respondents strongly disagreed with the statement that I will not accept cesarean section because it is too expensive. 45(36.8%) disagreed with the statement, 20(16.4%) strongly agreed with the statement and 46(37.7%) agreed with the statement. 10(8.2%) agreed with the statement that, unemployment leading to poverty is not a factor associated with maternal acceptance of cesarean section while 86(70.5%) disagreed and 9(7.3%) strongly disagreed with the statement. 4(3.3%) of the subjects disagreed with the statement that, women of higher socioeconomic class are less likely to accept cesarean section. 28(31.1%) strongly agreed with the statement while 50(41%) strongly disagreed and 30(24.6%) agreed with the statement. To test the hypothesis to ascertain whether to reject or retain them. Pearson Product Moment Correlation analysis was adopted.

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Conclusion
This statistical analysis technique was used because of the nature of the variables involved in the hypothesis directing the study. The hypothesis was tested at .05 level of significance.

Keywords: Sociocultural factors, Caesarean Section, Pregnant women, Antennal Clinic, General Hospital

INTRODUCTION

Maternal death during childbirth mostly occur due to refusal of acceptance of caesarean delivery alternative in some low economic setting, as opposed to what is seen in the developed countries, where a pregnant woman opt for caesarean section instead of the normal vaginal delivery as a means for escaping labor pains. Existing factors which negatively influence the acceptance of caesarean section which are social and cultural in nature. Socio-cultural according to Cambridge dictionary (2020) is related to different groups of people in the society, their habits, traditions and beliefs. Negatively influencing factors such as it high cost especially among those of low socio-economic status resulting in absconded father, as payment of hospital bill is viewed in our society as the sole responsibility of the husband. Expectant mothers partake in the decision making process for choice of the mode of delivery, of which their choice may be influenced by previous maternal childbirth experiences and information of previous experiences provided by other women in social events and gathering. However, most times, this information is negative in nature and is speculated by the media thus influencing their acceptance of caesarean section. This is what is obtainable among pregnant women in General Hospital, Calabar. Maternal death resulting from complication during child birth from medical conditions such as placenta previa, prolong labour, airtonic uterine contraction and transverse lie, has led to the performance of caesarean section. Despite the benefit of caesarean section, most women and their families still have negative perception of abdominal surgery, therefore influencing its acceptance, especially among those in low income countries like Nigeria, Ghana and Kenya. Furthermore, most pregnant women come to antenatal clinic with preconceive ideas regarding caesarean section. Where some view it as a death sentence and would want to achieve the normal vaginal delivery even if it is medically contraindicated, thus endangering their life. Social problem such as the high cost abdominal delivery has led to its refusal especially those of low socioeconomic status, and gender social arrangement limiting women from taking health care related decision including abdominal delivery acceptance.

Furthermore, some pregnant women come to the antenatal clinic in General Hospital with cultural view of caesarean section as punishment for a woman infidelity and lack of her ability to prove her woman power. Also existing are religious misconceptions of caesarean section as spiritual attack, further instigating fear of dying during and after the procedure among the women concerned. Consequently, if still stressed in during antenatal clinic, it will result in absenteeism of women on the day of labor from coming to the hospital, to giving birth at homes or in the church, thus endangering their life and that of their unborn child.

Observations have shown that other socio-cultural factors exist such as cultural belief, which perceives caesarean section as punishment for any woman who is unfaithful to her husband. It is also perceived as lack of a woman ability to prove her power and lack of consent from her husband. Also, religious belief of abdominal delivery as a spiritual attack/death sentence and lack of adequate education on caesarean section could positively or negatively influence the acceptance of abdominal delivery. Fear of death during and after the surgery is also an influencing factor as most pregnant women have this perception that normal vaginal delivery without medical complication is satisfying, joyful and fulfilling. Efforts have been made by the management of the Generals Hospital Calabar, by ensuring that nurses and midwives provide adequate education on the benefits and possible risk related to caesarean section to pregnant women during antenatal visit. Therefore, it helps strengthen the positive

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factors, while the negative factors influencing abdominal delivery are abolished. However, government has failed to establish health insurance scheme to cover the cost of abdominal surgery, therefore, eliminating the factor of un-affordability and reducing out of pocket health care financing resulting in it continuous lack of acceptance. Hence, the researchers dim it fit to investigate the sociocultural factors influencing the acceptance of caesarean section among pregnant women attending antenatal clinic in General Hospital Calabar.

MATERIAL AND METHODS

This study used a non-experimental descriptive survey design. General Hospital, Calabar is the setting of this study, it is located in Mary Slessor Avenue, Calabar. Calabar is the capital of the Cross River State of Nigeria. It lies along latitude 4°58′ north of the equator and longitude 8°20′ east of the Greenwich Meridian within the South-South geopolitical zone of the country. It has a population of 372,848 by the Nigerian national population and housing census of 2006. The General Hospital in Calabar is the only government owned secondary healthcare facility in the metropolis and the maternity unit has twenty-four of the total of its one hundred bed capacity. It takes an average of 800 deliveries annually. It is made up of 20 wards including both the antenatal and postnatal clinic, it has a staff strength of 120 nurses and 35 medical doctors alongside with other medical practitioners. The target population for the study is 516 pregnant women including the newly registered and previously booked women attending antenatal clinic in the general hospital Calabar in the month of October 2020 – April, 2021. The Accessible population for the study comprises of 175 pregnant women who newly registered for antenatal clinic in General hospital, Calabar. The sample selected for the study is 122 pregnant women attending antenatal clinic. Sample was obtained using the Taro Yamane formula.

S=N/1+N(e2)

Where,

N= accessible population

e= level of confidence which is 0.05

Therefore,

S= 175/1+175(0.05)2

S= 122

The sampling technique used for the study is the Convenience Sampling Technique. A structured questionnaire was used to obtain respondent responses. A letter of introduction was obtained from the Cross River State Ethical Committee Board and submitted to the Chief Medical Director of the hospital through the office of the Deputy Director of Nursing Services and same was forwarded to the hospital ethical committee for due approval. Also, a letter was attached to the questionnaires requesting for voluntary participation of the respondents, the purpose of the study was clearly explained to the participant so as to obtain their consent. Participation was voluntary and to ensure ethical principle of beneficence and maleficence, the names of the respondents was excluded from the instrument of data collection.

Data was analyzed and presented using descriptive statistics of tables and percentages. Hypothesis was tested using inferential statistics of chi square at a 0.05 level of significance.

RESULTS

Table 1: Socio-Demographic data of respondents (n= 122)

Out of the 122 respondents, 31(25.4%) were between 20 – 30years of age, 34(27.9%) were between 31 – 40years, 57(46.7%) were between 41 – 50years. Most of the respondents, 56(45.9%) were married, 32(26.2%) were single, 23(18.9%) were separated and 11(9.0%) were widowed. A greater proportion of the respondents, 100(81.9%) were Christians, 18(14.8%) were neither Christian nor Muslim while 4(3.3%) were Muslims. Out of the 122 respondents, 31(25.4%) had only attained primary educational level, 64(52.5%) had attained secondary educational level and 27(22.1%) had attained tertiary educational level. Most of the respondents, 69(56.6%) were civil servant, 46(37.7%) were self-employed while 7(5.7%) were unemployed. 80(65.6%) of the respondents were primipara, 42(34.4%) of the respondents were multipara.

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Table 2 shows that 41(33.6%) strongly disagreed with the statement that, Only educated women accept cesarean section, 5(4.1%) agreed, 20(16.4%) disagreed with the statement while 56(45.9%) strongly agreed with the statement. 35(28.6%) of the entire respondents disagreed with the statement that, Literate and well educated mothers are well aware of the need and aim of cesarean section, 52(42.6%) strongly disagreed, while 10(8.2%) strongly agreed and 25(20.5%) agreed respectively with the statement. 38(31.1%) of the subjects strongly agreed with the statement that Inadequate education on cesarean section does not negatively influence cesarean section acceptance 30(24.6%) agreed with the statement while 4(3.3%) disagreed while 50(41%) strongly disagreed. 45(36.8%) strongly agreed with the statement that, Only educated women with tertiary education book for elective cesarean delivery. 11(9.0%) just agreed, 46(37.7%) disagreed while 20(16.4%) strongly disagreed. When asked if increasing maternal level of education will increase knowledge and support for cesarean section, 9(7.3%) strongly disagreed, 10(8.2%) disagreed, 17(14%) agreed while 86(70.5%) strongly agreed.

Table 3 shows that 11(9%) of the respondents strongly disagreed with the statement that I will not accept cesarean section because it is too expensive. 45(36.8%) disagreed with the statement, 20(16.4%) strongly agreed with the statement and 46(37.7%) agreed with the statement. 10(8.2%) agreed with the statement that, unemployment leading to poverty is not a factor associated with maternal acceptance of cesarean section while 86(70.5%) disagreed and 9(7.3%) strongly disagreed with the statement. 4(3.3%) of the subjects disagreed with the statement that, women of higher socioeconomic class are less likely to accept cesarean section. 28(31.1%) strongly agreed with the statement while 50(41%) strongly disagreed and 30(24.6%) agreed with the statement. 5(4.1%) strongly agreed with the statement that, More women will accept cesarean section if they can afford health insurance scheme. 41(33.6%) agreed, 56(45.9%) disagreed while 20(16.4%) strongly disagreed respectively. 25(20.5%) of the respondents strongly disagreed with the fact that, Women dependence on their husband for finance influences their acceptance of cesarean section. 10(8.2%) disagreed while 52(42.6%) strongly agreed and 35(28.6%) agreed with the fact.

Table 4 shows that 17(14%) of the respondents strongly disagreed with the statement that My culture belief that women who give birth through cesarean section show sign of failure as a woman. 10(8.2%) disagreed with the statement, 9(7.3%) strongly agreed with the statement and 86(70.5%) agreed with the statement. 5(4.1%) agreed with the statement that, Women are believed to have a honorable childbirth if no assistance is sought such as cesarean section, 20(16.4%) disagreed and 56(45.6%) strongly disagreed with the statement. 11(9%) of the subjects disagreed with the statement that, My culture believe that labor which predispose a pregnant woman to cesarean delivery to be due to infidelity. 45(36.8%) strongly agreed with the statement while 46(37.7) strongly disagreed and 20(16.4%) agreed with the statement. 10(8.2%) strongly agreed with the statement that, My culture believe that vaginal delivery is the only means of child birth by which womanhood is actually fulfilled. 35(28.6%) agreed, 52(42.6%) disagreed while 25(20.5%) strongly disagreed respectively. 30(24.6%) of the respondents strongly disagreed with the fact that, Cesarean section is done for women facing spiritual attack from their enemy. 38(31.1%) disagreed while 4(3.3%) strongly agreed and 50(41%) agreed with the fact.

HYPOTHESIS

The result of analysis reveals that the calculated r-value of 0.63 is greater than the critical r-value of .159 at .05 level of significance with 102 degree of freedom. With this result the null hypotheses was rejected. This result therefore means that level of education has a significant relationship with acceptance of caesarean section among pregnant women attending antenatal clinics in the General Hospital Calabar Cross River States.

DISCUSSION OF FINDINGS

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accept cesarean section, 5(4.1%) agreed, 20(16.4%) disagreed with the statement while 56(45.9%) strongly agreed with the statement. 35(28.6%) of the entire respondents disagreed with the statement that, Literate and well educated mothers are well aware of the need and aim of cesarean section, 52(42.6%) strongly disagreed, while 10(8.2%) strongly agreed and 25(20.5%) agreed respectively with the statement. 38(31.1%) of the subjects strongly agreed with the statement that Inadequate education on cesarean section does not negatively influence cesarean section acceptance 30(24.6%) agreed with the statement while 4(3.3%) disagreed while 50(41%) strongly disagreed. 45(36.8%) strongly agreed with the statement that, Only educated women with tertiary education book for elective cesarean delivery. 11(9.0%) just agreed, 46(37.7%) disagreed while 20(16.4%) strongly disagreed. When asked if increasing maternal level of education will increase knowledge and support for cesarean section, 9(7.3%) strongly disagreed, 10(8.2%) disagreed, 17(14%) agreed while 86(70.5%) strongly agreed.

This study is in line with Ushie, Udoh, and Ajayi (2019) on examining inequalities in access to delivery by section in Nigeria using a survey method on 20,468 pregnant women had in 5 years preceding the study; findings revealed that delivery by cesarean section was 2.1%, but the rate was however higher among women who had higher education and being to the rich wealth quintile (13.6%) and the lowest among women without formal education and who belonged to poorest health quintile (0.4%). Similarly, a study using a cross sectional design on 400 antenatal clients seen at University of Port Harcourt Teaching Hospital between first and thirty first September, 2019, results shows that increasing maternal level of education and age were associated with increased knowledge and support for cesarean section as 65% would accept if indicated in index pregnancy.

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This is line with Ugwu and Kok (2015) stated that cost also contribute to women aversion as women of higher socioeconomic class have less aversion to cesarean section as compared to those in low and middle income setting. These further worsen women aversion because when her husband cannot foot the hospital bill, her marriage might be threatened. A woman access to resources, including those needed for cesarean section may depend on the quality of her relationship with her mother in-law.

Also by Anyasor and Adetuga, (2017) who identified financial constraint 53.4% in a descriptive research study to negatively influence cesarean section acceptance on perception and cultural belief of pregnant women towards cesarean section: a case study of pregnant women living in a rural community in south west Nigeria on 104 pregnant women.

Table 4 shows that 17(14%) of the respondents strongly disagreed with the statement that My culture belief that women who give birth through cesarean section show sign of failure as a woman. 10(8.2%) disagreed with the statement, 9(7.3%) strongly agreed with the statement and 86(70.5%) agreed with the statement. 5(4.1%) agreed with the statement

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that, Women are believed to have a honorable childbirth if no assistance is sought such as cesarean section, 20(16.4%) disagreed and 56(45.6%) strongly disagreed with the statement. 11(9%) of the subjects disagreed with the statement that, My culture believe that labor which predispose a pregnant woman to cesarean delivery to be due to infidelity. 45(36.8%) strongly agreed with the statement while 46(37.7) strongly disagreed and 20(16.4%) agreed with the statement. 10(8.2%) strongly agreed with the statement that, My culture believe that vaginal delivery is the only means of child birth by which womanhood is actually fulfilled. 35(28.6%) agreed, 52(42.6%) disagreed while 25(20.5%) strongly disagreed respectively. 30(24.6%) of the respondents strongly disagreed with the fact that, Cesarean section is done for women facing spiritual attack from their enemy. 38(31.1%) disagreed while 4(3.3%) strongly agreed and 50(41%) agreed with the fact.

This also align with Mboho (2013) in Anyasor and Adetuga study (2017) revealed that some cultures view pregnant women who gave birth through Cesarean section (CS) to be weak and shows a sign of failure as a woman (48.5%) hindering acceptance of cesarean section.

Also, a study on culture and birth outcomes in sub-Saharan Africa by Lang-Balder and Amerson (2018) also identified that women are believed to have honourable child birth if no assistance is sought, thus attributing them with respect. While prolong labour is attributed to misdeeds and infringement of taboos. Another belief that obstructed labour which predisposes a woman to Cesarean section is due to infidelity, disobedience or disregard for traditional value findings from Odukunle (2016) study on maternal mortality burden and the influence of sociocultural factors. Okon (2017) survey on beliefs about cesarean section among women of child bearing age in university of calabar teaching hospital using on 853 pregnant women attending antenatal clinic, also identified religious belief

The result of the hypothesis revealed that level of education of pregnant women has a significant relationship with acceptance of caesarean section among pregnant women attending antenatal clinics. The finding of this hypothesis is in agreement with Gandua, Nuerty, Seneadza, Akaateba, Azusong, Virifere, Knkpeyoung and Tette (2019), findings revealed that the highest level of education status significantly affected perception of cesarean section among pregnant women.

CONCLUSION

Based on results of the study, it was concluded that;

1) Level of education has a significant relationship with acceptance of caesarean section among pregnant women attending antenatal clinics.

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Tables

Table 1: Socio-demographic Data of Respondents

Variable	Frequencies	Percentage (%)
Age		
20 – 30years	31	25.4
31 – 40years	34	27.9
41 - 50years	57	46.7
Total	**122**	**100**
Marital status		
Married	56	45.9
Single	32	26.2
Separated	23	18.9
Widowed	11	9.0
Total	**122**	**100**
Religion		
Christianity	100	81.9
Muslim None	4 18	3.3 14.8
Total	**122**	**100**
Educational qualification		
Primary	31	25.4
Secondary	64	52.5
Tertiary	27	22.1
Total	**122**	**100**
Occupation		
Public servant	69	56.6
Self Employed	46	37.7
Unemployed	7	5.7
Total	**122**	**100**
Parity		
Primipara	80	65.6
Multipara	42 **122**	34.4 **100**

Table II: Influence of education on caesarean section

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S/N	Items	SA	A	D	SD
1	Only educated women accept cesarean section	56 (45.9%)	5 (4.1%)	20 (16.4%)	41 (33.6%)
2	Literate and well educated mothers are well aware of the need and aim of cesarean section	10 (8.2%)	25 (20.5%)	35 (28.6%)	52 (42.6%)
3	Inadequate education on cesarean section does not negatively influence cesarean section acceptance	38 (31.1%)	30 (24.6%)	4 (3.3%)	50 (41%)
4	Only educated women with tertiary education book for elective cesarean delivery	45 (36.8)	11 (9%)	46 (37.7%)	20 (16.4%)
5	Increasing maternal level of education will increase knowledge and support for cesarean section	86 (70.5%)	17 (14%)	10 (8.2%)	9 (7.3%)

Table III: Influence of poverty on caesarean section

S/N	Items	SA	A	D	SD
1	I will not accept cesarean section because it is too expensive	20 (16.4%)	46 (37.7%)	45 (36.8)	11 (9%)
2	Unemployment leading to poverty is not a factor associated with maternal acceptance of cesarean section	17 (14%)	10 (8.2%)	86 (70.5%)	9 (7.3%)
3	Women of higher socioeconomic class are less likely to accept cesarean section	38 (31.1%)	30 (24.6%)	4 (3.3%)	50 (41%)
4	More women will accept cesarean section if they can afford health insurance scheme	5 (4.1%)	41 (33.6%)	56 (45.9%)	20 (16.4%)
5	Women dependence on their husband for finance influences their acceptance of cesarean section.	52 (42.6%)	35 (28.6%)	10 (8.2%)	25 (20.5%)

Table IV: Influence of belief on caesarean section

S/N	Items	SA	A	D	SD
1	My culture belief that women who give birth through cesarean section show sign of failure as a woman	9 (7.3%)	86 (70.5%)	10 (8.2%)	17 (14%)
2	Women are believed to have a honorable childbirth if no assistance is sought such as cesarean section	41 (33.6%)	5 (4.1%)	20 (16.4%)	56 (45.9%)
3	My culture believe that labor which predispose a pregnant woman to cesarean delivery to be due to infidelity	45 (36.8)	20 (16.4%)	11 (9%)	46 (37.7%)
4	My culture believe that vaginal delivery is the only means of child birth by which womanhood is actually fulfilled	10 (8.2%)	35 (28.6%)	52 (42.6%)	25 (20.5%)
5	Cesarean section is done for women facing spiritual attack from their enemy	4 (3.3%)	50 (41%)	38 (31.1%)	30 (24.6%)

Table 5 Pearson product moment correlation analysis of the relationship between level of education and the acceptance of caesarean section among pregnant women attending antenatal clinic in the General Hospital, Calabar

Variable	$\sum x$ $\sum Y$ $\sum xy$ $\sum x^2$ $\sum y^2$
Level of Education	382 2106
	3126 0.466
The acceptance of caesarean section among pregnant women attending antenatal clinic	420 2112

Significant at 0.05, df 55, critical r= 0.261

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